

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on July 1, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT Code 99214 for date of service February 19, 2003.

II. RATIONALE

- CPT Code 99214 denied as “N—Documentation does not support the service billed”. Per the 1996 Medical Fee Guideline, E&M Ground Rule (IV)(C)(1) and CPT Descriptor submitted relevant information does not support the level of service billed. Reimbursement is not recommended.

III. ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT code 99214.

The above Findings and Decision is hereby issued this 24th day of March 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf